

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90120 003 \*\*\*150.00

**DOCUMENT # P02000052570**

1. Entity Name  
**MARINE LIFT SYSTEMS, INC.**



Principal Place of Business  
**4315 E. COLUMBUS DRIVE  
TAMPA FL 33605**

Mailing Address  
**4315 E. COLUMBUS DRIVE  
TAMPA FL 33605**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 76054**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Tampa FL**

4. FEI Number

**59-1571922**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33675**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANSELL, GARY A  
8605 VIVIAN BASS WAY  
ODESSA FL 33556**

Name

**Dominic Amadio Attorney**

Street Address (P.O. Box Number is Not Acceptable)

**100-34th STREET NORTH**

**Suite 305**

City

**St. Petersburg**

**FL**

Zip Code

**33713**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/31/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANSELL, GARY A</b>	NAME	
STREET ADDRESS	<b>4315 E. COLUMBUS DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33605</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPILLO, LUCIEN</b>	NAME	
STREET ADDRESS	<b>4315 E. COLUMBUS DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33605</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

**GARY A. Mansell**

**1-7-03**

**813-623-5251**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)